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CHAPTER 10

A Revolutionary Movement to Bring Traditional Medicine Back to the Grassroots Level: On the Biopolitization of Herbal Medicine in Vietnam

Ayo Wahlberg

Introduction

Traditional medicine is a very recent invention. In Vietnam, before there was traditional medicine, there was southern medicine (*thuốc nam*), and before that, there was Chinese or northern medicine (*thuốc bắc*). Today, there is Eastern medicine (*Đông y*) or “our medicine” (*thuốc ta*) as opposed to Western medicine (*thuốc tây*), but there is also northern and southern medicine. And what counts as Vietnamese traditional medicine (*y học cổ truyền Việt Nam*, literally “the study of medicine passed down from antiquity”) is pretty much an eclectic mix of north, south, east and west. What this terminological miscellany serves well to highlight is that Vietnamese medicine is a medicine consistently in the making, whether distinguishing itself as southern even if in so many ways derived from northern medicine or shielding itself from a dominant western medicine even if reliant on many of its methods.

One of the most common themes in any discussion about traditional medicine in postcolonial Vietnam is that of revival or resuscitation. Indeed, throughout the world, the 20th-century invention of a specifically traditional medicine¹ — a category that generously includes an incredible array of forms

of treatment from Latin America to Africa and not least Asia-Pacific — was a direct assault on colonial policies toward its practice and use which were often informed by evolutionary assumptions about the “backwardness,” “simplicity” and “immaturity” of “primitive medicine,” as opposed to an enlightened modern medicine. This was certainly the case in Vietnam where, following decades of more or less concerted colonial efforts to discourage or even ban the practice and use of northern and southern medicine, President Hồ Chí Minh called for a national initiative to “combine the effects of Eastern and modern medicine” as a means to help tackle the massive health-related challenges facing a newly independent Vietnam in 1955.²

Since then, Vietnam has experienced the kind of revival of traditional medicine that so many other postcolonial countries in Asia and Africa also have. In large part, this revival has been firmly grounded in a national public health effort “to reduce morbidity and mortality, promote health and increase life expectancy, improve the quality of our race [and] contribute to improving the quality of life ... in response to the needs of industrialization, modernization, nation-building and defence.”³ Very much inspired by similar efforts to modernize and mobilize traditional medicine in China, in the past 50 years or so, Vietnamese traditional medicine has come to be appropriated as an object of systematized scientific investigation and application.⁴ In many ways, this echoes China’s experiences of “modernizing the old” under a banner of “scientific socialism.”⁵ Yet in contrast to a much more global Traditional Chinese Medicine (TCM) that has emerged out of “processes of entwinement, rupture, and displacement” as TCM has come to be institutionalized and scientificized not only within China but also throughout Europe and America, the emergence of Vietnamese traditional medicine has (until very recently) been much more marked by its “contained” unfolding within a national context of war and post-conflict nation-building.⁶

To account for efforts to resuscitate traditional medicine in postcolonial Vietnam, it is necessary to understand the important ways in which Vietnam’s colonial and postcolonial histories have contributed to the building up of a unique *Vietnamese* cultural identity and a national imperative of self-sufficiency. As we will see in the following, it is clear that the making of traditional medicine in Vietnam in the latter half of the 20th century has been much more than a medical strategy to improve the health of Vietnamese people. It has also been a strategy of nation-building aimed at reclaiming and reviving what is seen as an unjustly repressed heritage. As one of many neighboring countries, Vietnam has in so many ways been politically, culturally and geographically defined by its relationship with China in the

North. What is more, within Vietnam, the divisions and reunifications of North (*Bắc Kỳ* or Tonkin), Central (*Trung Kỳ* or Annam) and South Vietnam (*Nam Kỳ* or Cochinchina) both prior to and during colonial times have also played a crucial role in efforts to define what Vietnam is today. Finally, more recently, two 20th-century wars of independence against French and American soldiers have further reoriented this task of self-identification toward the West. Although the focus of this chapter will be on the revival of traditional medicine, it is important to locate these efforts in a broader context of political, geographical and cultural stabilization in Vietnam. Just as has been the case with the political demarcation of Vietnam as an independent country, the making of a Vietnamese medicine has relied on highlighting that which distinguishes it from forms of medicine originating from China and Europe.

There are three important arguments I will be making in this chapter. First, that the late 20th-century resuscitation of traditional medicine has relied on a modernization of the production and practice of traditional herbal medicine, by far the most important form of Vietnamese traditional medicine (followed by acupuncture and various exercise and massage techniques). This has been made possible not only through the building-up of a comprehensive infrastructure of traditional medicine institutions, research centers and practitioner associations, but also through innovative collaborations between traditional herbalists, western-trained doctors and health officials under a common banner of “unifying and integrating” modern and traditional medicine into national health education, research and delivery systems. That is to say, resuscitating has in practical terms been translated into programs of *modernizing* traditional medicine which were initiated in the immediate post independence period.

Second, as already suggested, I will argue that not only has the national effort to revive traditional medicine been an economically feasible strategy of individual and public health promotion, it has just as importantly also been a project of national cultural revival following almost a century of French colonial rule — in the words of former Director of the Institute of Traditional Medicine (1975–1995) Prof. Hoàng Bảo Châu, “a revolutionary movement to bring traditional medicine back to the grassroots level.”⁷ Programs to reacquaint medical doctors, healthcare workers and the general population with their medicinal heritage were seen as concrete means to eradicate any inferiority or docility that colonial rule may have instilled.

Finally, I will suggest that the gradual lifting of international trade embargos against Vietnam and the opening up of its borders from the mid-1980s onward gave renewed importance to revitalization efforts as the

specifying of a *Vietnamese* medicine became a part of an entire range of cultural “grounding” initiatives in the face of what has been described as an onslaught of globalizing influences. In conclusion, I will suggest ways in which the postcolonial history of medicine in Vietnam allows us to trouble some of the standard holistic-reductionist, traditional-modern or East-West dichotomies so prevalent in the contemporary study of traditional medicine throughout the world.

Modernizing Traditional Medicine

On 27 February 1955, President Hồ Chí Minh addressed a National Conference of Medical Workers telling them that “in the years of colonial domination, like other branches of activity, traditional medicine was stifled. Today, as we have regained independence and freedom, medical workers are duty bound to help the people and the government build up a medical service suitable to our needs.”⁸

This speech marked a turning point in the history of public health promotion in Vietnam, a point where traditional medicine was transformed from colonial public health vice into postcolonial public health resource.⁹ Importantly, while it is clear that the practice of northern and southern medicine was very much ongoing throughout French colonial rule and also that colonial medical practitioners were certainly not entirely dismissive of “native” medicines, the image of a stifled and repressed traditional medicine has been vital to revival efforts.¹⁰ It was because of this stifling that people like pharmacist Đỗ Tất Lợi, Vietnam’s first Health Minister Phạm Ngọc Thạch and the first Director of the Hanoi Institute for Traditional Medicine Nguyễn Văn Hương, all called for a “resuscitation” of traditional medicine in the first years of independence.¹¹

In the years that followed, a network of institutions and centers was put into place in Northern Vietnam (*Bắc Kỳ*) with a threefold mandate: first, integrating the practice of traditional medicine into national health delivery; second, collecting and categorizing the knowledge and experiences of traditional practitioners throughout the country; and finally, modernizing and industrializing some of the most useful herbal remedies and preparations. The first of these were established in 1957 when the Ministry of Health inaugurated the National Institute of Traditional Medicine in Hanoi and traditional practitioners joined forces for the first time under a unified National Association of Traditional Practitioners. A few years later, in 1961, an Institute of Materia Medica was opened to scientifically research the chemical properties of the many medicinal plants that were

being collected, and a Department of Traditional Medicine was opened for the first time in the previously colonially-run Hanoi Medical College. The reasoning was clear:

There are about 16,000 people practising traditional medicine. Shall we 'outlaw' them, or shall we pay the greatest respect to this ancient science of which they keep the secrets, and integrate them into our medical machinery? We have followed the second path. Together with physicians trained in modern methods those 'quacks' are now studying the scientific application of traditional medications to numerous diseases. While they become acquainted with the fundamental notions of modern medicine, our physicians learn the principles and important methods of treatment used in traditional medicine. Thus, we gain a substantial increase of both personnel and prescriptions, and an important new orientation in our scientific research.¹²

This path of revival mobilized not just traditional practitioners and doctors, but also botanists, chemists, pharmacologists, toxicologists and healthcare workers, a task that was not without its hurdles following as it did a prolonged period of colonial medicalization.¹³ Whereas doctors of modern medicine had been trained in state-run schools such as the Hanoi Medical School, practitioners of traditional medicine were "self-taught and family-trained, hence their medical qualifications varied greatly."¹⁴ Conversely, western-trained "auxiliary" physicians who had been encouraged to deride traditional medicine by colonial doctors would have to be reacquainted with the traditions and treatments of their ancestors. To address these impediments to integration, the Vietnamese government set about expanding its network of institutions, associations, schools and departments of traditional medicine such that by now there are around 40 national or provincial traditional medicine hospitals, over 50 Departments of Traditional Medicine in various provincial hospitals and all seven of Vietnam's medical colleges have a Department of Traditional Medicine.¹⁵ Moreover, the National Association of Traditional Practitioners (the formation of which was closely linked to nationalist movements in the early 20th century) has expanded into a network of associations at the provincial and district levels, with membership estimates ranging from 20,000 to 34,000, which in turn is estimated to represent some 50–60% of all traditional medicine practitioners in Vietnam.¹⁶ This means that the number of apprentice-trained practitioners is comparable to the country's corps of around 40,000 trained medical doctors (of which 7,800 have specialized in traditional medicine).¹⁷

Today, students of medicine are required to study both modern and traditional methods of diagnosis and treatment as a part of their medical

training, with an option to specialize in herbal medicine or acupuncture after their first four years of study. There are also secondary schools of traditional medicine which offer “assistant doctor” diplomas enabling graduates to work in the national health delivery system, usually at the district and commune levels. And finally, a series of regulatory measures implemented in the 1990s have made it mandatory for apprentice-trained traditional practitioners to acquire a practicing license by passing an exam which includes both biomedical and traditional theory and practice.¹⁸ The most important of these measures has been Circular No. 13/1999/TT-BYT guiding the implementation of the Ordinance on the Practice of Private Medicine and Pharmacy, Regarding the Traditional Medicine and Pharmacy from 6 July 1999.

On the scientific front, researchers and traditional practitioners also faced a number of challenges specific to the Vietnamese context. The strategies developed to tackle these challenges can be divided into both a molar and a molecular component. On the molar side, a program that has amounted to a taming of the countryside was devised, organized around the formation of a number of scientific field teams consisting of botanists, ecologists, chemists and pharmacologists who have subsequently carried out hundreds of botanizing missions throughout the country. These groups would invariably collaborate with and interview local traditional practitioners to collect and categorize their experiences and knowledge. This task could be particularly challenging since such knowledge was sometimes jealously guarded and “handed down in family circles from father to son, from mother to daughter, [with] secrets ... always strictly preserved, particularly among some ethnic minorities.”¹⁹ By the end of the 20th century, over 8,000 plant samples had been collected and of these almost 2,000 had been taxonomized according to both botanical and vernacular names.²⁰ The Institute of *Materia Medica* had prepared distribution maps as well as estimates of natural reserves of some of the most popular medicinal plants. A group of 35 essential species had been identified through this taming process and it was consistently government policy to encourage rural villages to be self-sufficient in the cultivation of these species.²¹

The molecular component of the ongoing scientific project to modernize traditional medicine has consisted of intensive laboratory-based work by phytochemists, pharmacologists and toxicologists to molecularly map out, isolate and elucidate some of the key active ingredients found in the identified medicinal plant species and subsequently to test these compounds for their action against an entire range of conditions, from cancer to infectious and eye diseases. The Institute of *Materia Medica*, Institute of Chemistry and

Institute of Traditional Medicine in Hanoi, together with their partners in Ho Chi Minh City as well as other parts of the country, have played a crucial role in this work. To date, it is estimated that of the 10,000 or so medicines that have been licensed for use in Vietnam, some 2,000 are industrially-produced herbal remedies that have arisen on the back of this molecular charting out of medicinal plants.²²

And so, we can see how the 20th-century modernization of traditional medicine has relied on two specific tactics — first, the enlisting of specialist sciences to catalogue and chemically elucidate medicinal herbs and remedies, and second, the formalizing of the training and education of traditional medicine practitioners. There are of course many debates as to whether such processes constitute an over-scientificization or over-rationalization of traditional medicine to the detriment of its epistemological, diagnostic and therapeutic uniqueness, i.e., that traditional medicine has or at the very least is at risk of being stripped of its “*real* value.”²³ But what should be clear for the purposes of this chapter is that the 20th-century modernization of Vietnamese traditional medicine has been an explicit and palpable program in which traditional practitioners, doctors, pharmacologists and chemists have actively participated.

Revolution and the Building of National Culture

Now as already pointed out, not only have efforts to revitalize traditional medicine in Vietnam been directed at the promotion of individual and public health, equally significantly, they have also played an extensive role in attempts to remedy what Director of the Institute of Traditional Medicine Dr. Nguyễn Văn Hương in the immediate postcolonial years diagnosed as a “national inferiority complex caused by long years of foreign domination.”²⁴ One way to overcome this collective inferiority complex, as I will show, has been to rescue traditional medicine as a matter of national self-esteem, not least at a time where Vietnam was both economically isolated and involved in a tragic conflict. Yet at the same time, it is important to underscore that this revival of national cultural heritage has not taken place against, but rather in the name of modernization and scientific progress. In looking back on the first ten years of the Democratic Republic of Vietnam’s efforts to promote health in Vietnam, Minister Phạm argued that:

Our country in 1955 was not only poor; to age-old misery was added the havoc wrought by several years of war. The population was threatened with famine. Moreover — and we should not be afraid of using the right word — we were a backward country. Centuries of feudalism followed

by nearly a century of colonial regime left our country in a state of unthinkable backwardness. People still drank water from stagnant pools and invoked the spirits when they fell ill.²⁵

What is important about the Phạm's verdict is the way in which dual sites of problematization are bracketed out. On one hand, backwardness refers to a battered health infrastructure that had been made all the more worse by decades of war and colonial neglect, especially in rural areas where healthcare provision was rudimentary, if at all existent. But the Minister was also arguing that a part of the health problem in Vietnam was what he saw as a "backwardness of our people" that perpetuated unhealthy practices ("people had the habit of relieving themselves in any place they found convenient" and a citizen would drink "water from the pool where he also washe[d] his rice and vegetables"). In other words, this was a form of backwardness which was to be addressed and improved through a continuation of the "civilizing process" that colonial administrators had initiated, which included "education in cleanliness" and "persuading people to drink only boiled water, building septic tanks, killing flies and other insects."²⁶

Throughout the latter half of the 20th century, outmoded (*hủ tục*) or negative (*tiêu cực*) traditions (connected with spiritualism, sorcery and fortune telling) were targeted for elimination by the healthcare authorities. These outmoded traditions were distinguished from good (*tốt đẹp*) and wholesome (*lành mạnh*) traditions (*truyền thống*) — including *y học cổ truyền* — which have been actively promoted and encouraged.²⁷ And so, it is clearly not all aspects of Vietnam's cultural heritage that have been targeted for revival. In the field of medicine, it is in particular what is considered the scientific value of *thuốc nam* and *thuốc bắc* that have made them worthy of revival, as opposed to the superstitious practices and beliefs of soothsayers (*thầy bói*) and sorcerers (*thầy pháp*).

Now, if health officials in postcolonial Vietnam were dismissive of outmoded traditions, they were very often incensed by what was seen as colonial arrogance toward their good traditions: "the scorn of Western-trained physicians for traditional medicine derives from an erroneous conception of science and a profound ignorance of the results obtained by traditional medicine."²⁸ Ironically, as Michele Thompson has shown, it was in many cases exactly such "Western-trained" doctors who advocated for a collaborative approach to medicine in the first half of the 20th century.²⁹ Nevertheless, as already suggested, the caricaturized image of an arrogant colonial physician has been crucial in the formulation and implementation of Vietnam's revival strategy which, further to the modernization program discussed above, has also included comprehensive plans to reacquaint

Western-trained medical doctors with their medical heritage as well as initiatives to repopularize traditional medicine use throughout the country.

According to Phạm, these efforts have required a certain amount of “ideological courage.”³⁰ The colonial years, he argued, had left a debasing mark on Vietnamese individuals as people had for decades been confronted by a colonial power intent on dismissing their ancient medical traditions as unhygienic, superstitious and indeed harmful. For this reason, the newly formed Democratic Republic of Vietnam’s strategy to develop the heritage of traditional medicine should contribute to what Nguyễn Văn Hương called the “building of national culture,” which, it was underlined, was no easy task in the face of a commanding colonial legacy:

To have been convinced long since of the absolute superiority of so-called western medicine, to have considered traditional medicine a superstition, and now to approach it with respect, with the desire to learn from it, constitutes also a turning point for our medical corps. It needs great courage to devote oneself to scientific research with inadequate technical means, equipment, and scientific knowledge when one always thought that this work requires large, well-equipped laboratories and can be done only by experienced academicians.³¹

In this way, promoting traditional herbal medicine through techniques of cultural revival in Vietnam has in part aimed at rehabilitating and emancipating colonially repressed subjectivities; by providing Vietnam’s medical corps with concrete means to “rediscover” their cultural heritage in the medical field, the nation’s inferiority complex when it came to medicine could “be eradicated as well as scepticism about the national medical experience and about Southern medication.”³² This program has included a number of refresher courses in Vietnamese Traditional Medicine organized by the *Tuệ Tĩnh* secondary schools of traditional medicine, the expanding of various networks of traditional medicine associations and the gradual inclusion of traditional medicine components into the training of all medical students in Vietnam.

At the same time, this “emancipatory process” has involved the repopularization of traditional medicine not just at the level of the medical corps, but perhaps more importantly, also at the grassroots level. From the 1960s onward, the National Institute of Traditional medicine organized a number of training courses aimed at mobilizing and training some 2,000 activists who were to return to their districts as focal persons for the promotion of traditional medicine, initially in North Vietnam. The Institute also nominated groups of three to four persons who were then sent out to a number of villages to work with medical staff in the area on ways to

promote traditional medicine.³³ This included encouraging families “to grow in a corner of its garden a few plants for the treatment of common diseases (headache, diarrhea, etc.) and plant with antibiotic properties,” as well as ensuring that district- and commune-level hospitals were staffed and equipped to treat patients with traditional medicine.³⁴

As armed conflict broke out against American forces in 1965, traditional therapies and herbal remedies would once again play a decisive role during fighting in the dense jungles of central Vietnam.³⁵ In the face of critical shortages of modern medical supplies, traditional remedies were used to treat burns, war wounds and tropical disease.³⁶ Following the reunification of Vietnam in 1976, the government’s efforts to encourage use of traditional medicine were expanded to the rest of the country with the Ministry of Health issuing a decree requiring every district to have a department or institute that provided traditional medical treatment. It is estimated that 40–50% of all medical treatment being provided at the time was based on traditional medicine, with herbal medicine and acupuncture being the most popular therapies.³⁷

In these ways, a revolutionary movement to bring traditional medicine back to the grassroots came into being in the decades spanning the 1960s to 1980s. It was a movement to rescue traditional medicine from what had so often been described as the scorn and ridicule it had suffered at the hands of colonial doctors who were caricaturized as preachers of the “absolute superiority” of modern medicine over the “Chinese quackery” and “sorcery” of the Vietnamese people. Traditional medicine became a crucial component of rural programs to promote public health in this period while also serving as a cultural symbol of the self-sufficiency and age-old experiences of the Vietnamese people.

Globalization and its Disorientations

Since the mid 1980s or so, with the introduction of a series of economic reforms, the gradual lifting of trade embargos against Vietnam and the development of a national pharmaceutical industry, cheap generic modern medicines (especially antibiotics) have joined traditional remedies as an important source of household medicine and treatment. Many traditional practitioners abandoned their practices in the late 1980s as a direct effect of the abandonment of annual subsidies they had been recipients of following the government’s 1976 decree on traditional medicine.³⁸ The situation had become so grave by the early 1990s that the Ministry of Health decided to once again “re-educate the local people on the use of herbal remedies”

through a series of initiatives such as the “Doctor at Home” and “Drugs at Home” programs which again encouraged self-sufficiency on the part of especially rural families in the treatment of their most common ailments.³⁹

Whereas some of the first postcolonial efforts to revitalize traditional medicine, as we saw earlier, were described in terms of “civilizing” and “emancipating” initiatives, it is interesting to note how this latest of active pushes to promote traditional medicine has come to be cast. As Philip Taylor has shown, the 1990s in Vietnam were marked by a “turn to culture” as Vietnamese authorities commissioned ethnologists and folklorists to catalogue ethnic and cultural diversity, published numerous books on Vietnamese identity and prepared guides to traditional festivals and folk beliefs, not in the least, he suggests, as a means of “provid[ing] cultural moorings, equilibrium, and spiritual solace to a country ... that is embarked on a course of rapid and disorienting cultural, social and economic transformation.”⁴⁰ It was during this time that traditional medicine in Vietnam came to be consistently referred to as Vietnamese traditional medicine (*y học cổ truyền Vietnam*) as opposed to a generic “traditional medicine” or “Eastern medicine” and as a way to distinguish it from Chinese medicine in particular: “far from being merely a copy of Chinese traditional medicine ... Vietnamese traditional medicine is made up of ancient health-care practices related to the Vietnamese culture.”⁴¹

The point being that as Vietnam increasingly opened itself to globalizing influences during the course of the 1990s, Vietnamese subjects were seen as having to negotiate their way through a plurality of forms of healing advice and medicaments. By the end of the 20th century, antibiotics had become as common as traditional herbal remedies in day-to-day family health practices. And while welcomed as an indicator of increasing modernization and economic growth by health authorities in Vietnam, this situation of a largely unregulated medical plurality came to be seen as a public health concern in itself, especially as pertained a range of safety issues arising from the “irrational use” of modern medicines as well as from the persistence of “backward” healing practices.

On one hand, “irrational use” of modern medicines was seen to arise from what sociologist David Craig has described as a kind of “reverse colonization” process whereby modern medicines come to be considered “hot,” “heavy” and “strong,” and users are encouraged to shop around for a “familiar” medicine in accordance with the humoral theories of traditional Vietnamese medicine (rather than the germ, cell or gene theories of modern medicine).⁴² This reverse colonization in turn risks encouraging harmful polypharmacy (for example, the mixing of many different antibiotics) as well

as inappropriate dosages (most often, much too short treatment courses), problems which are increasingly being tackled as public health concerns, especially as they are seen as contributing to the building up of antibiotics-resistant bacteria.⁴³ As a consequence, Vice Minister of Health Lê Văn Truyền has recently argued that “it is necessary to prevent and address negative effects caused by unsafe and irrational drug use such as shorter courses than required, overdose, misuse of drugs, wrong combination of different types of drugs, drug abuse” by providing the public with “instructions for rational and safe use of drugs.”⁴⁴ On the other hand, health authorities continue to distinguish between “backward” and “good” traditions, arguing that “the people at the village and commune levels, especially those residing in areas where the basic health system remains weak, typically go to non-professional people (such as friends, neighbors, relatives, those who incur the same disease) when getting ill or they even seek the services of charlatans [*lang băm*], sorcerers [*thầy phù thủy*], magicians [*pháp sư*], etc.”⁴⁵

As such, basic health and hygiene education as well as awareness-raising about “bad” or “unhealthy” traditions continue to be a priority of official health programs in many rural areas of the country today as do initiatives to “mobilise, encourage and guide people in [the] planting, raising and use of plants and animals as *materia medica*.”⁴⁶ In such rural programs, the family is considered the most important unit responsible for promoting the health of individuals, a view also captured in the popular Vietnamese phrase *tu thân, tế gia* (improve yourself, manage your family).⁴⁷ It is these families that are to be encouraged to grow their own medicinal plant gardens and it is within each of these families that a “doctor at home” is to be groomed. It is also these families that have long formed the locus of medical treatment with especially mothers playing a central role in memorizing family remedies, discussing and exchanging experiences with neighbors and friends and also in preparing remedies in the home.⁴⁸ Distinctions between modern and traditional medicine remain very important, with Bùi Chí Hien, for example, arguing that “traditional medicine is more gentle, acts progressively and for this reason, in emergency cases, must come second after classical treatment methods (modern medicine). However, when the critical phase has been overcome, traditional medicine offers incontestable advantages.”⁴⁹

In urban areas of Vietnam, Hũu Ngọc suggests that “moderately Westernized Vietnamese favor a combination of traditional and modern medicine; they believe modern medicine is better in the treatment of microbial diseases and in surgery, while traditional medicine works best for non-microbial diseases, functional disorders and general exhaustion.”⁵⁰

Indeed, modern medicines are often described as toxic (*độc*), addictive (*quen thuốc*), chemical (*hoá chất*) and, consequently, as causing a wasting of the body (*sút*), weakness (*suy nhược*) and lethargy (*mệt mỏi*) in persons using them, while in contrast, traditional medicine is considered nutritious (*bổ*), harmless (*lành*), natural (*thiên nhiên*) and therefore virtually side-effect-free (*không cóng phát gì*).⁵¹

And so, at the dawn of a new millennium, the promotion of traditional medicine had taken on a renewed sense of urgency, this time in a situation of growing therapeutic pluralism spurred on by economic growth and globalizing influences. Craig has diagnosed this plurality as a “cultural confusion”:

The conflicting authorities of tradition and modernity, mothers and grandmothers, self, household, and medical professional means that antibiotic consumers must negotiate a plurality of conflicting notions, locations, and positions about what constitutes ‘correct’. And as the sources of biomedical authority grease their prescriptions with commerce, the most locally important basis for knowing what is correct begins to slip away. The regularities of the body and the commodity run headlong into the cultural confusion of competing claims, values, and maxims of local and global rationalities. Not surprisingly, people get their stability where they can.⁵²

Whether or not this diagnosis can be generalized to the entire nation, it is certainly clear that the various awareness-raising campaigns, localized strategies to encourage rational drug use and programs to re-educate Vietnamese subjects about the use of traditional medicine have been directly aimed at ensuring the “proper” (i.e., compatible with public health objectives) use of both modern and traditional medicines as well as at discouraging use of outmoded and superstitious forms of healing. Official policy remains that of harmonizing Eastern and Western medicine, yet it also entails consolidating a specifically Vietnamese form of traditional medicine as well as specifying “proper” ways of cultivating, producing and using it, in the same way that “rational use” of modern medicines is to be promoted.

Conclusion

We can see how important an element the formation of a Vietnamese national culture has been in postcolonial efforts to resuscitate traditional medicine since the mid-20th century and vice versa. Pathologies of “docility” and “inferiority” attributed to decades of colonization were actively counter-acted through programs of cultural revival and emancipation, which included a national project to collect and celebrate the experiences

of traditional herbal practitioners throughout the country. Eradicating a certain perceived “backwardness” of especially rural populations in Vietnam through “civilizing” health education and hygiene programs has remained a consistent part of efforts to “re-educate” Vietnamese people in the practice and use of their traditional herbal medicine (but not, for example, mediumship and healing). “Irrational” medicine use in a situation where modern and traditional medicines are freely available has recently been identified as a public health problem in itself to be addressed through public health campaigns. And finally, a diagnosed “disorientation” and cultural erosion stemming from economic, cultural and social forces of globalization has been addressed through the harnessing of traditional practices and folk beliefs (including traditional medicine) in the mooring of a Vietnamese national identity.

All of these diagnosed problems — inferiority, docility, backwardness, irrationality, disorientation — concern the subjectivities of those that are the target of remedial efforts. That is to say, their rectification depends on programs targeted at Vietnamese subjects; programs to reinstall self-esteem and pride, to activate, to civilize, to re-educate, to reacquaint, to raise awareness, etc. It is these programs that collectively contribute to what Nguyen referred to as the building of, or perhaps invention of, a national culture in postcolonial Vietnam. It is also the daily practices of these programs which deserve further empirical scrutiny.

The very much national strategies and programs that I have described in this chapter are commonly referred to as a process of “building our own medicine,” of combining Eastern and Western medicine, in order to create a medicine that is suitable to the needs and particularities of the Vietnamese people and nation. Yet at the same time, distinctions between North and South, East and West, remain as marked as ever. The influence of Chinese, or northern, medicine is clear, especially in terms of providing a philosophical base for medical practices — theories of yin-yang (or *đương-âm*), the circulation of *khi*, the rebalancing of vital energies (*sinh lực*) in the body, theories of the five main organs and elements, etc. Yet the experiences of practitioners of *thuốc nam* (i.e., those practitioners who have been trained through apprenticeships using local remedies rather than by attending systematized schools of either Western or Eastern medicine) are consistently contrasted to those of *thuốc bắc* practitioners, and it is especially their experiences and knowledge of local plant species that have been specifically sought out and recorded.

Moreover, while the modernization and industrialization of Vietnamese traditional medicine has relied on the scientific methodologies and

technologies of modern medicine, it continues to be seen as natural, gentle and nutritious in contrast to a toxic, chemical and hot modern medicine. That is to say, it retains a certain cultural specificity and familiarity. It is these dualities that I have argued have been a cornerstone of the revitalization of Vietnamese traditional medicine. It has not been enough to develop and deliver medicine in postcolonial Vietnam; rather, there has been an emphasis on developing and disseminating a *Vietnamese* medicine which, as I have shown, is all the harder to pin down the further one delves into the day-to-day efforts to revive and develop it.

In European contexts, to speak of modernizing traditional medicine is seen by many as an oxymoron. This has especially been the case since “Western” forms of traditional medicine — herbal medicine, homeopathy, osteopathy, naturopathy, crystal healing, etc. — have been promoted as, quite literally, remedies to all of the ill effects that have been attributed to the failures of a cold, toxic, bureaucratized and dehumanized modern medicine. Traditional medicines — or complementary and alternative medicines (CAM), as they are known — are described as holistic, natural and whole-person oriented. Yet, upon closer empirical examination, this stark dichotomy between modern and traditional dissolves. Moreover, individuals, it seems, are rarely loyal to one particular therapy, but will instead “shop around.” This is clearly the case in Vietnam too. While the dichotomy between modern and traditional may remain politically potent and culturally significant, it is quickly disarmed in empirical analyses of the mundane, everyday efforts to revive and promote traditional medicine in places such as Vietnam.

So where does this leave Vietnamese traditional medicine? To suggest, as some might well do, that in having become modernized, Vietnamese traditional medicine has succumbed to — been colonized by — “Western rationalities” is in my view to miss the point. Whether traditional herbal medicine in Vietnam is better or worse off following six decades of modernizing, rationalizing and industrializing it or whether these processes could have been implemented better, are questions that I will leave competently in the hands of those traditional practitioners, chemists, pharmacologists, health officials and doctors who deal with these issues in their daily work. What I would suggest is that these processes have been robustly and actively pursued by herbalists, doctors and government officials alike — not without disagreement or debate, but pursued nonetheless as described in the foregoing. It is no coincidence that the most oft-cited phrase in descriptions of national efforts to rejuvenate traditional medicine is Tuệ Tĩnh’s (one of the father figures of *thuốc nam*) 500-year-old maxim, “Southern medicine

for Southern people” (*thuốc nam chữa người nam*), even if today this might be read as “Vietnamese medicine for Vietnamese people.” The point being that the postcolonial revival of a Vietnamese traditional medicine has gone hand-in-hand with the formation of a Vietnamese national culture.

Notes

1. The term “traditional medicine” in the English language has its origins in the early 20th century. However, it became institutionalized from the 1960s when institutions like the World Health Organization as well as numerous national Ministries of Health began drafting strategies for developing and promoting traditional medicine. Before this, terms such as “primitive medicine” were in use. See Ayo Wahlberg, “Modernisation and its Side Effects — An Inquiry into the Revival and Renaissance of Herbal Medicine in Vietnam and Britain,” PhD diss., London School of Economics and Political Science, 2007.
2. Nguyen Van Huong, “Renovation of Traditional Medicine,” in *Health Organization in the D.R.V.*, eds. Nguyen Van Huong *et al.* (Hanoi: Xunhasaba), pp. 22–35. Independence was declared by Ho Chi Minh in 1945, ultimately igniting Vietnam’s “first war of independence” against French soldiers which ended nine years later in May of 1954.
3. Vietnam, Communist Party of Vietnam, “Resolution No. 46-NQ/TW of the Political Bureau on the Protection, Care, and Promotion of People’s Health in the New Situation,” Party Central Committee, Hanoi, 23 February 2005.
4. On the modernization of Chinese medicine see Kim Taylor, *Chinese Medicine in Early Communist China, 1945–63: A Medicine of Revolution* (London: Routledge, 2005).
5. See Judith Farquhar, *Knowing Practice: The Clinical Encounter of Medicine* (Boulder: Westview Press, 1994).
6. On the emergence of a global TCM, see Zhan Mei, *Other-Worldly: Making Chinese Medicine through Transnational Frames* (Durham, NC: Duke University Press, 2009). By “contained,” I of course do not propose that Vietnamese medicine has developed in an isolated way (this should be clear from the introductory paragraph of this chapter), rather that Vietnamese traditional medicine did not in the latter half of the 20th century gain the kind of global traction that TCM did.
7. Hoang Bao Chau, “Promotion of Herbal Medicine in the Rural Areas of Vietnam,” Personal communication with former Director of Institute of Traditional Medicine (1975–1995), Hanoi, 4 November 2004.
8. Nguyen Van Huong *et al.*, *Health Organization in the D.R.V.* See also C. Michele Thompson, “Medicine, Nationalism, and Revolution in Vietnam. The Roots of a Medical Collaboration to 1945,” *East Asian Science, Technology, and Medicine* 21 (2004): 114–8 for an interesting discussion on the role of traditional practitioners in the formation of a nationalist movement during colonial times.

9. Ayo Wahlberg, "Bio-Politics and the Promotion of Traditional Herbal Medicine in Vietnam," *Health. An Interdisciplinary Journal for the Social Study of Health, Illness, and Medicine* 10, 2 (2006): 123–47.
10. Laurence Monnais-Rousselot, "Which Medications Did they Trust? The Role of French Colonialism in Vietnamese Attitudes towards Pharmaceuticals, 1858–1939," Paper presented at Princeton Workshop in the history of science, "Science across Cultures — Historical and Philosophical Perspectives," Princeton University, 24 October 2003.
11. Nguyen Van Huong *et al.*, *Health Organization in the D.R.V.*
12. Pham Ngoc Thach, "Interview with Doctor Pham Ngoc Thach, Minister of Health," in *Health Organization in the D.R.V.*, eds. Nguyen Van Huong *et al.*
13. Laurence Monnais-Rousselot, "Developing Health Care in Indochina: In the Shadow of the Colonial Hospital, 1860–1939," in *Vietnam Exposé. French Scholarship on Twentieth Century Vietnam*, eds. Gisèle Bousquet and Pierre Brocheux (Ann Arbor: The University of Michigan Press), pp. 140–84.
14. Nguyen Van Huong, "Renovation of Traditional Medicine."
15. The National Institute of Traditional Medicine today goes by the name of the National Hospital of Traditional Medicine.
16. Huu Ngoc and Lady Borton, *Traditional Medicine: Vietnamese Culture* (Hanoi: The Gioi Publishers, 2003); World Bank, "Traditional Medicine in Vietnam," Consultant's Report prepared on 31 August 1993 by Gerard C. Bodeker, World Bank, Washington DC, 1993. With an estimated population of over 80 million, Vietnam is today administratively divided into 61 provinces, 500 districts and approximately 8,850 communes.
17. United Nations Development Programme, *Human Development Report* (New York: Oxford University Press, 2004); "The People's Medicine Needs Support," *Vietnam Economy*, at <http://www.vneconomy.com.vn/eng/index.php?param=article&catid=11&id=031202152029> [accessed 14 June 2004].
18. It should be noted that implementation of the mandatory licensing system for apprentice trained practitioners is only in its very infancy with only some 3,000 or 4,000 practitioners licensed so far; see Ayo Wahlberg, "Bio-Politics and the Promotion."
19. Bui Chi Hien, "Integration of Traditional Medicine into the Health Care System," in *Vietnamese Traditional Medicine*, eds. Hoang Bao Chau, Duc Thuc Pho, and Ngoc Huu (Hanoi: The Gioi Publishers), pp. 30–47.
20. Do Tat Loi, *Nhung cay thuoc va vi thuoc Viet Nam [Medicinal Plants of Vietnam and their Biochemical Properties]*, 10th ed. (Hanoi: Nha xuất bản y học, 2001).
21. These 35 species were identified for their anti-influenza, anti-inflammatory, anti-dysenteric, anti-rheumatic, anti-tussive, anti-diarrheic and emmenagogic properties.
22. Vietnam, Institute of Drug Quality Control, "Personal Communication with Director Trinh Van Lau," Hanoi, 21 October 2004.
23. See Craig R. Janes, "The Health Transition, Global Modernity and the Crisis of Traditional Medicine: The Tibetan Case," *Social Science & Medicine* 48, 12 (1999): 1803–20. For such an account in a Tibetan context, see Ted J.

- Kapтчuck, *The Web That Has No Weaver: Understanding Chinese Medicine* (New York: Congdon and Weed, 1983) for a discussion in the context of Chinese medicine.
24. Nguyen Van Huong, "Renovation of Traditional Medicine."
 25. Pham Ngoc Thach, "Interview with Doctor Pham Ngoc Thach."
 26. Ibid.
 27. Philip Taylor, *Goddess on the Rise: Pilgrimage and Popular Religion in Vietnam* (Honolulu: University of Hawai'i Press, 2004).
 28. Pham Ngoc Thach, "Interview with Doctor Pham Ngoc Thach."
 29. Thompson, "Medicine, Nationalism, and Revolution."
 30. Pham Ngoc Thach, "Interview with Doctor Pham Ngoc Thach."
 31. Ibid.; Nguyen Van Huong, "Renovation of Traditional Medicine."
 32. Ibid.
 33. Hoang Bau Chau, "Promotion of Herbal Medicine."
 34. Pham Ngoc Thach, "Interview with Doctor Pham Ngoc Thach."
 35. Thompson, "Medicine, Nationalism, and Revolution."
 36. Hoang Bao Chau, Duc Thuc Pho, and Ngoc Huu, *Vietnamese Traditional Medicine*.
 37. Hoang Bau Chau, "Promotion of Herbal Medicine"; Hoang Bao Chau, Duc Thuc Pho, and Ngoc Huu, *Vietnamese Traditional Medicine*; Nguyen Huu and Borton, *Traditional Medicine*.
 38. Hoang Bau Chau, "Promotion of Herbal Medicine"; Nguyen Huu and Borton, *Traditional Medicine*.
 39. Ibid.
 40. Taylor, *Goddess on the Rise*.
 41. Hoang Bao Chau, Duc Thuc Pho, and Ngoc Huu, *Vietnamese Traditional Medicine*.
 42. David Craig, "Practical Logics: The Shapes and Lessons of Popular Medical Knowledge and Practice — Examples from Vietnam and Indigenous Australia," *Social Science & Medicine* 51, 5 (2000): 703–11.
 43. David Craig, *Familiar Medicine: Everyday Health Knowledge and Practice in Today's Vietnam* (Honolulu: University of Hawai'i Press, 2002); Junko Okumura, Susumu Wakai and Takusei Umenai, "Drug Utilisation and Self-medication in Rural Communities in Vietnam," *Social Science & Medicine* 54, 12 (2002): 1875–86.
 44. Vietnam, Ministry of Health, Le Van Truyen, *Some Issues on Pharmaceutical Activities at Basic Level of Health System* (Hanoi: Ministry of Health, 2006).
 45. Ibid.
 46. Ibid.
 47. Craig, *Familiar Medicine*.
 48. Ibid., for an insightful ethnographic account of everyday health practices in Vietnam today.
 49. Bui Chi Hien, "Integration of Traditional Medicine."
 50. Nguyen Huu and Borton, *Traditional Medicine*. Kim Taylor has argued a similar point in the recent history of Chinese medicine: "In modern Chinese society,

in those areas of life where the use of Chinese medicine is optional, Chinese medicine appears to continue to function on a level of general well-being and for the treatment of minor illnesses. In cases of distress, Chinese medicine comes a resounding second to the more popular Western medicine.” Taylor, *Chinese Medicine*.

51. Craig, *Familiar Medicine*.
52. Ibid.